



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 26, 2016

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette
Director, Models, Demonstrations, and Analysis Group

SUBJECT: Illinois MMPs: Release of Final Contract Year 2017 State's Specific Marketing Guidance

Attached to this memorandum is the final Contract Year (CY) 2017 State's specific Marketing Guidance for Medicare-Medicaid Plans (MMPs) operating in the Illinois capitated financial alignment model demonstration. The State's specific Marketing Guidance has been jointly updated by CMS and Illinois as summarized below and will be applicable to all marketing done for CY 2017 benefits.

We remind MMPs that the State's specific Marketing Guidance provides information only about those sections of the MMG that are not applicable or that are modified for MMPs in Illinois; therefore, this guidance document should be considered an addendum to the CY 2017 MMG. MMPs should carefully review the recently released CY 2017 MMG (see <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>), in conjunction with the State's specific Marketing Guidance, as the requirements of the MMG that are not otherwise modified by this document apply to MMPs in Illinois.

Following is a summary of the changes to the CY 2017 State's specific Marketing Guidance for Illinois MMPs:

- General updates and streamlining:
 - Edits to section numbers, titles, and references, consistent with changes to the CY 2017 MMG.
 - Updates of lists of model marketing materials and links.
 - Streamlining of the language throughout the document to ensure greater consistency across each State's specific Marketing Guidance.
 - Updates required disclaimer language consistent with changes made to disclaimer language in CY 2017 model marketing materials.

- Updated language regarding Star Ratings requirements given that the Medicare-Medicaid Coordination Office (MMCO) is in the process of developing a Star Ratings system for MMP performance. Current Star Ratings requirements will continue to be inapplicable to MMPs.
- **Provider and Pharmacy Directory Requirements:** Moves the previous guidance on the Provider and Pharmacy Directory from section 60.4 of the CY 2016 State's specific Marketing Guidance to the Introduction section of the CY 2017 State's specific Marketing Guidance. References the requirements in Chapter 4 of the Medicare Managed Care Manual and Chapter 5 of the Prescription Drug Benefit Manual and includes previous modifications and clarifications to the Medicare Advantage and Part D requirements for MMP Provider and Pharmacy Directories. Clarifies that the MMP Provider and Pharmacy Directory is considered a marketing material and must be submitted in the HPMS marketing module consistent with the specific review parameters and timeframes for the Provider and Pharmacy Directory under the Illinois capitated financial alignment model demonstration in the Marketing Code Look-up functionality in the HPMS marketing module. Clarifies that Illinois MMPs must submit directory updates and/or addenda pages in HPMS consistent with the parameters for review for the Illinois MMP Provider and Pharmacy Directory.
- **Compliance with Section 1557 of the Affordable Care Act of 2010:** References the August 8, 2016 HPMS memorandum on this topic and clarifies operational flexibilities regarding the inclusion of and required Notices/Statement and tagline information for CY 2017.
- **Section 20 (Materials not Subject to Marketing Review):** Modifies the requirements of section 20 of the MMG with respect to the MMP Provider and Pharmacy Directory.
- **Section 30.5 (Requirements Pertaining to Non-English Speaking Populations):** Clarifies that MMPs must have a process for ensuring that enrollees can make a standing request to receive the materials identified in this section, in alternate formats and in all non-English languages identified in this section and in the HPMS Marketing Module, at the time of request and on an ongoing basis thereafter.
- **Section 30.5.1 (Multi-Language Insert):** References the August 8, 2016 HPMS memorandum on implementation of Section 1557 of the ACA and the revised guidance in section 30.5.1 of the MMG included in that memorandum.
- **Section 30.7 (Required Materials for New and Renewing Enrollees at Time of Enrollment and Thereafter):** Adds flexibility for Illinois MMPs to send the Evidence of Coverage (EOC)/Member Handbook with the Annual Notice of Change by September 30 or to send the EOC/Member Handbook separately by December 31. Adds the dates by which required materials must be posted to plan websites to Table 3.
- **Section 50.2 (Disclaimers When Benefits Are Mentioned):** Modifies required disclaimer language consistent with changes made to CY 2017 model materials.

- **Section 50.4 (Disclaimer on Availability of Non-English Translations):** Modifies required disclaimer language consistent with changes made to CY 2017 model materials.
- **Section 50.6 (MMP Materials Including Part D Benefit Information):** Modifies required disclaimer language consistent with changes made to CY 2017 model materials.
- **Section 50.10 (Disclaimer on Advertisements and Invitations to Sales/Marketing Events):** Clarifies that with respect to the possibility of enrolling individuals at sales/marketing events, all MMP enrollments will be processed by the State's enrollment broker.
- **Section 60.6 (Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) (Member Handbook)):** Adds flexibility for Illinois MMPs to send the Evidence of Coverage (EOC)/Member Handbook with the Annual Notice of Change by September 30 or to send the EOC/Member Handbook separately by December 31. Clarifies when MMPs must use errata notices versus when they must follow the guidance in section 60.7 of the MMG and the State's specific Marketing Guidance regarding other mid-year changes requiring enrollee notification.
- **Section 70.5 (Marketing Through Unsolicited Contacts):** Reiterates that marketing via conventional mail and other print media (e.g., advertisements, direct mail) is not considered unsolicited contact and, therefore, is permissible.
- **Section 70.6 (Telephonic Contact):** Adds a requirements that MMPs may not call former enrollees after the disenrollment effective date to conduct disenrollment surveys for quality improvement purposes. However, disenrollment surveys may be mailed after the disenrollment effective date. Surveys may not include sales or marketing information.
- **Section 70.9.2 (Personal/Individual Marketing Appointments):** Clarifies that the prohibition on marketing directly to individual potential enrollees extends to MMPs calling prospective enrollees to solicit an individual marketing appointment after public events.
- **Section 70.9.3 (Scope of Appointment):** Clarifies that since Illinois MMPs are not allowed to market directly to individual potential enrollees, the requirements of this section do not apply.
- **Section 70.9.4 (Beneficiary Walk-ins to a Plan or Agent/Broker Office or Similar Beneficiary-Initiated Face-to-Face Sales Appointment):** Clarifies that since Illinois MMPs are not allowed to market directly to individual potential enrollees, the requirements of this section do not apply. Enrollment requests must be referred to the State's enrollment broker.
- **Section 80.2 (Informational Scripts):** Clarifies that MMPs should refer to section 120.6 of the State's specific Marketing Guidance, as well as section 120.6 of the MMG, for

clarification of the types of activities conducted by a plan customer service representative that do not require the use of State-licensed marketing representatives.

- **Section 80.3 (Enrollment Scripts/Calls):** Clarifies that this section of the MMG does not apply to MMPs because enrollment requests must be transferred to Illinois' enrollment broker.
- **Section 80.4 – Telephone Sales Scripts (Inbound or Outbound):** Clarifies that since Illinois MMPs are not allowed to market directly to individual potential enrollees, the outbound call requirements of this section do not apply. Clarifies that informational calls to plan call centers that become enrollment calls at the proactive request of the beneficiary must be transferred to the State's enrollment broker.
- **Section 90.2.1 (Submission of Non-English and Alternate Format Materials):** Notes that MMPs should use state-specific MMP errata codes.
- **Section 100.1 (General Website Requirements):** Removes this section from the CY 2017 State's specific Marketing Guidance because the modifications made in the CY 2016 State's specific Marketing Guidance regarding the required date by which MMPs must post their Summary of Benefits to their plan website are now incorporated into section 100.2.2 of the MMG.
- **Section 120.6 (Activities That Do Not Require the Use of State-Licensed Marketing Representatives):** Modifies the requirements of this section for MMPs.

For any questions about the contents of this memorandum, please contact your Contract Management Team or the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov.